



Cryptosporidiosis

County _____

LHJ Use ID _____
☐ Reported to DOH Date ____/____/____
LHJ Classification ☐ Confirmed
☐ Probable
By: ☐ Lab ☐ Clinical
☐ Epi Link: _____

☐ Outbreak-related

LHJ Cluster# _____

LHJ Cluster Name: _____

DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ____/____/____

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation start date: ____/____/____

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____

Zip code (school or occupation): _____ Phone: _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age _____

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived

Diagnosis date: ____/____/____

Illness duration: _____ days

Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ **Diarrhea** Maximum # of stools in 24 hours: _____

☐ ☐ ☐ ☐ **Abdominal cramps or pain**

☐ ☐ ☐ ☐ Nausea

☐ ☐ ☐ ☐ **Vomiting**

☐ ☐ ☐ ☐ **Loss of appetite (anorexia)**

☐ ☐ ☐ ☐ Weight loss with illness

☐ ☐ ☐ ☐ **Fever** Highest measured temp (°F): _____

☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk

Predisposing Conditions

Y N DK NA

☐ ☐ ☐ ☐ Immunosuppressive therapy or disease

Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date ____/____/____

☐ ☐ ☐ ☐ Autopsy Place of death _____

Laboratory

Collection date ____/____/____

Source _____

P N I O NT

☐ ☐ ☐ ☐ ☐ **Cryptosporidium PCR**

☐ ☐ ☐ ☐ ☐ **Cryptosporidium antigen by EIA (stool)**

☐ ☐ ☐ ☐ ☐ **Cryptosporidium oocysts by microscopy, including DFA (stool, intestinal fluid, small-bowel biopsy specimen)**

☐ ☐ ☐ ☐ ☐ **Cryptosporidium reproductive stages (tissue preparation)**

P = Positive O = Other
N = Negative NT = Not Tested
I = Indeterminate

NOTES

INFECTION TIMELINE

Enter onset date (first
sx) in heavy box.
Count forward and
backward to figure
probable exposure and
contagious periods

Days from
onset:**Exposure period**

-12 -1

o
n
s
e
t**Contagious period**

weeks

Calendar dates:

EXPOSURE (Refer to dates above)

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or
outside of usual routine
Out of: ☐ County ☐ State ☐ Country

Dates/Locations: _____

☐ ☐ ☐ ☐ Case knows anyone with similar symptoms

☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**
☐ ☐ ☐ ☐ Contact with lab confirmed case

☐ Household ☐ Casual ☐ Sexual

☐ Needle use ☐ Other: _____

☐ ☐ ☐ ☐ Contact with diapered/incontinent child or adult

☐ ☐ ☐ ☐ Shellfish or seafood

County/location collected: _____

☐ ☐ ☐ ☐ Unpasteurized milk (cow)

☐ ☐ ☐ ☐ Juices or cider Type: _____

☐ ☐ ☐ ☐ Unpasteurized juices or cider

☐ ☐ ☐ ☐ Known contaminated food product

☐ ☐ ☐ ☐ Group meal (e.g. potluck, reception)

☐ ☐ ☐ ☐ Food from restaurants

Restaurant name/location: _____

☐ ☐ ☐ ☐ Source of drinking water known

☐ Individual well ☐ Shared well

☐ Public water system ☐ Bottled water

☐ Other: _____

☐ ☐ ☐ ☐ Drank untreated/unchlorinated water (e.g.
surface, well)

Y N DK NA

☐ ☐ ☐ ☐ Recreational water exposure

☐ Natural water ☐ Pools, spas, water park, fountain

☐ Both

Name/Location: _____

☐ ☐ ☐ ☐ Case or household member lives or works on
farm or dairy

☐ ☐ ☐ ☐ Exposure to pets
Was the pet sick ☐ Y ☐ N ☐ DK ☐ NA
☐ ☐ ☐ ☐ Work with animals or animal products (e.g.
research, veterinary medicine, slaughterhouse)
Specify animal: _____

☐ ☐ ☐ ☐ Zoo, farm, fair, or pet shop visit

☐ ☐ ☐ ☐ Any contact with animals at home or elsewhere

☐ ☐ ☐ ☐ Cattle, cow or calf

☐ ☐ ☐ ☐ Any type of sexual contact with others

female sexual partners: _____

male sexual partners: _____

How was this person likely exposed to the disease:
☐ Food ☐ Drinking Water ☐ Recreational water ☐ Person

☐ Animal ☐ Environment ☐ Unknown
Where did exposure probably occur?
☐ U.S. but not WA (State: _____)

☐ In WA (County: _____)

☐ Not in U.S. (Country/Region: _____)

☐ Unknown

**Exposure details (e.g., exposure date, specific site, purchase
or use-by date, product name/description):**
☐ **No risk factors or exposures could be identified**
☐ **Patient could not be interviewed**
PATIENT PROPHYLAXIS / TREATMENT**NOTES****PUBLIC HEALTH ISSUES****PUBLIC HEALTH ACTIONS**
☐ Hygiene education provided

☐ Child care inspection

☐ Follow-up of household members

☐ Testing of home/other water supply

☐ Test symptomatic contacts

☐ Work or child care restriction for case

☐ Other, specify: _____

Investigator _____

Phone/email: _____

Investigation complete date ____ / ____ / ____

Local health jurisdiction _____

Record complete date ____ / ____ / ____